

conditions thus portrayed are less easy of interpretation and memorization by the British student, who rarely sees any variety of disease in coloured people.

The arsphenamines and the methods of and the indications for their use receive satisfactory description. The author recommends neoarsphenamine as the arsenical of choice for the general practitioner, who, in the United States of America, treats the majority of the cases of syphilis. Arsphenamine is judged as being the most effective of these compounds but is classed by the author as not suitable for general use excepting the larger clinics. Mapharsen is cited as an excellent substitute for neoarsphenamine in patients who develop intolerance to the latter drug. For infants, whose toleration for arsenicals is always high, Professor Howles recommends sulpharsphenamine, but its use is not advised in adults on account of the high incidence in them of serious reactions. The various toxic effects that may accompany arsenical chemotherapy are clearly set out together with the appropriate prophylactic measures and treatment; the blood dyscrasias, however, are dismissed in a rather cursory manner.

The standard treatment of syphilis, as laid down by the author in various courses of neoarsphenamine and bismuth compounds, is more closely in line with British and European schedules than with customary American methods. There seems to be an element of unnecessary delay in the recommendation that treatment be not commenced until the first visit following the definite diagnosis of syphilis—which may be as long as a week in Great Britain—at which time bismuth only is advised. Neoarsphenamine is not scheduled, in the author's course, to be given until another four days have elapsed; the reason for these delays, which are to be deprecated, is not stated. Such delay in the use of arsenicals, in the opinion of your reviewer, may in some cases be responsible for encouraging the transition from the sero-negative to the sero-positive phase in the early case of syphilis—with a graver prognosis.

A concise history of intensive arsenotherapy is included, beginning with the first trial of a five-day continuous infusion of neoarsphenamine by Chargin and his colleagues in 1933. The more recently used method of multiple injections of mapharsen is also discussed, together with its technique, complications and limitations. The use of mercury is described in a few pages and this metal is stated to be given in selected cases, but how the cases are selected is not mentioned.

In his discussion of the possibility of the infection of the ovum with *Spirochaeta pallida*, Professor Howles makes the startling comment that this spirochaete is five times the size of a spermatozoon. This, of course, is incorrect—unless a giant form of spirochaete has recently been evolved. The average length of *S. pallida* is 6–14 microns, whereas the length of the human spermatozoon is about 50 microns. A very brief survey of a mixed preparation of the two organisms under dark-field illumination will rapidly dispel any fallacies concerning the respective sizes of these two organisms, and incidentally should put an end to the persistently repeated statement in textbooks on syphilis, that the spermatozoon is too small to harbour a spirochaete within its structure.

This statement, which has been, apparently, copied from book to book for many years, is a good example of a chronic fallacy for which there has never been any reasonable foundation. Actually, both the head and the tail of the human spermatozoon are of ample capacity to harbour several spirochaetes. There is, however, little doubt that *S. pallida* would be unable to penetrate the particularly dense external covering of the human spermatozoon; in fact, it would be as likely to achieve penetration as would an attempt to perforate a bird's egg with a short piece of darning wool. It is conceivable that a spermatozoon from an infected man may carry *S. pallida*, but this spirochaete must have achieved penetration of the spermatozoon in its early stage as a spermatogonium or spermatocyte. It is, however, difficult to imagine an infected spermatocyte surviving and developing into a motile and functionally active spermatozoon.

The volume contains useful chapters on congenital syphilis, on syphilis in pregnancy and on the late effects of syphilis; the treatment advocated is orthodox and thorough. In general, Professor Howles's new work is welcome as a lucid and accurate exposition of this subject; both the references and the index are extensive.

V. E. L.

*Prevention of Prostitution. A study of measures adopted or under consideration particularly with regard to minors.* League of Nations Advisory Committee on Social Questions, Geneva. Ser. L.O.N. 143, IV.2. 182 pp. (For Great Britain, Allen and Unwin, London.) Price 6s.

This volume, which was almost completed and ready for publication in 1940, is now being issued in the series of League publications designed to be of present or future value especially to authorities and organizations concerned with social reconstruction after the war. Following on its enquiry into the rehabilitation of adult prostitutes, the League of Nations Advisory Committee on Social Questions was led to consider measures for the prevention of prostitution. The former enquiry had shown that, however satisfactory the results that were obtained or that might be obtained by resort to measures of rehabilitation, such measures must inevitably be more difficult of application and less effective than preventive measures.

The present study, the publication of which is particularly opportune at the present time, differs from the enquiry into rehabilitation in that it is concerned chiefly with minors. For this there are two reasons. In the first place, prostitution can be prevented only by removing its causes, and these lie as much in heredity, environment and education as in the circumstances of adult life. Secondly, many girls become prostitutes before they are of full age.

The study was undertaken with the collaboration of the International Labour Office and of two experts who had taken part in the work of the League of Nations Advisory Committee.

## REVIEWS OF BOOKS

The present volume therefore includes a chapter supplied by the International Labour Office on the moral protection of the young women workers, and chapters on physical and psychological causes of prostitution and on the reduction of demand, contributed respectively by Dr. Tage Kemp, Director of the University Institute for Human Genetics, Copenhagen, and Dr. J. A. Cavaillon, Technical Inspector-General of the French Ministry of Health.

The detailed studies contained in this volume are preceded by a general introduction, which describes the changes in prostitution since the beginning of the century and gives a summary of its causes and of preventive measures.

Another chapter, on the protection of young girls and women against immediate causes of prostitution, deals with influences and circumstances not directly connected with the state of employment. The part played by women police in preventing prostitution, which is prominently in the foreground in this country at the present time, and the dangers facing the young unmarried mother are fully discussed. The work of railway station missions, in particular that of the International Federation of Friends of Young Women, receives full annotation.

The Advisory Committee devoted special consideration to the part played by social services in connection with the treatment and cure of venereal disease. It points out the beneficial part these services can play in the rehabilitation of prostitutes by intervening at a moment when such women are likely to be most amenable to outside influence and disinterested advice. Experience shows that in many cases the women concerned have contracted venereal disease before they have actually become prostitutes. Social services can therefore make a definite contribution towards the prevention of prostitution by putting such women in touch with voluntary organizations, and by advising them of the official and non-official help available to them during treatment and after they are cured. The extension of such services is strongly recommended as a means of preventing women from falling into prostitution.

The final chapter, embodying the conclusions and recommendations, is followed by two "Annexes", one being a paper by Dr. Tage Kemp on the treatment of prostitutes, whilst the other, drawn up by the International Labour Office, provides information concerning facilities which existed when the war broke out for recreation for young women workers during their holidays.

As regards the venereal diseases, the Report considers that public enlightenment was and still is hampered by the moral stigma attached to these conditions, although it is thought that this prejudice is now lessening. It is pointed out that the dangers of ignorance are threefold: namely, that the patient will not recognize the disease; that recognizing it he will dismiss it as unimportant; that he will conceal it through shame or because he is unaware of the facilities for treatment. Many countries are making efforts to contend with these dangers, and it is considered that the decreased demand for professional prostitutes is partly due to a wider knowledge and a more general fear of the consequences of venereal disease.

The Advisory Committee, when referring to recent additions to medical treatment such as the sulphonamides, feels that such developments are of great importance also as regards the social aspects of venereal disease. Their information from various quarters indicates that the spread of knowledge of the effectiveness of these medicaments has given rise to a belief that there is less risk of contracting gonorrhoea and that, even if it is contracted, a cure can be effected with comparative ease. This has led among certain groups of young men to the removal of the fear of infection which is one of the most powerful deterrents to the visiting of prostitutes.

This excellent survey of the whole question of the prevention of prostitution is well summed up in the following terms:

"Attempts have been made to lessen both the demand for prostitutes and the supply of prostitutes, and these attempts could be extended. The law and the police, backed by public opinion, can hamper the prostitute's exploiters, can prevent them from recruiting women by force or fraud and from artificially expanding demand by advertisement and suggestion. Education and the protection of the worker and the development of health and social services can weaken some of the primary causes of both demand and supply. Whether they can ever eliminate them entirely is uncertain, for prostitution is deeply ingrained in urban civilised life and has outlived many attempts to uproot it. However, repressive measures have shown themselves of little avail. If prostitution is ever to be reduced deliberately, it can be only through intelligent and persistent attempts to counteract the causes which lead up to it."

V. E. L.

### V. D. education in the factory

One day in each Health Week in a group of engineering works has been devoted to the subject of venereal disease. The group medical officer gave a talk which introduced the display of a film and advised every employee to visit the exhibition lent by the Ministry of Health, to which men and women were admitted separately. When the men were present the medical officer answered questions and when the women were admitted his place was taken by a nurse. Leaflets were distributed and questions encouraged. In all more than 80 per cent of the number of employees made use of the opportunity. Approval of the way in which the subject was handled was widespread.—*British Journal of Physical Medicine and Industrial Hygiene*, November-December 1944.